

Rev. 12/2018

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF WASHINGTON

FILED IN THE
U.S. DISTRICT COURT
EASTERN DISTRICT OF WASHINGTON

DEC 05 2019

SEAN F. McAVOY, CLERK
DEPUTY
SPOKANE, WASHINGTON

William Herbert Lister 251697
Plaintiff's full name and prisoner number

Plaintiff,

v.

Case No. **2:19-CV-419-TOR**
(leave blank – for court staff only)

Spokane Police Dept
Spokane SWAT Dept
Spokane PACT, et al
Defendant's/defendants' full name(s)

PRISONER CIVIL RIGHTS
COMPLAINT

Defendant(s).

Jury Demand?

☒ Yes

☐ No

(If you cannot fit all of the defendants' names in the space provided, please write "see attached" in the space above and attach additional sheets of paper, as necessary, with the full list of names. The names listed here must be identical to those in Section II. Do not include addresses here. **Individuals whose names are not included in this section will not be considered defendants in this action.**)

WARNINGS

1. Do not use this form if you are challenging the validity of your criminal conviction or your criminal sentence. If you are challenging your conviction or sentence, or if you are seeking restoration of good-time credits that would shorten your sentence, you must file a Petition for Writ of Habeas Corpus. If you use this form to challenge your conviction or sentence, you risk having your claim dismissed. Separate forms are available for filing a habeas petition.

2. Under the Prison Litigation Reform Act ("PLRA"), you are required to exhaust all remedies in your institution's grievance system that are available to you before filing suit. This generally means that you must file a grievance and, if it is denied, appeal it through all available levels of review. Your case may be dismissed if you fail to exhaust administrative remedies, unless the administrative grievance process was not "available" to you within the meaning of the PLRA. You are not required to plead or show that you have exhausted your claim in this complaint.

3. Please review your complaint carefully before filing. If your case is dismissed, it may affect your ability to file future civil actions while incarcerated without prepaying the full filing fee. Under the PLRA, a prisoner who has had three or more civil actions or appeals dismissed as frivolous, malicious, or for failure to state a claim cannot file a new action without first paying the full filing fee, unless the prisoner is in imminent danger of serious bodily injury.

4. Under Federal Rule of Civil Procedure 5.2, papers filed with the court, including exhibits or attachments to a complaint, may not contain certain information, which must be modified as follows:

Do not include:

- a full social security number
- a full birth date
- the full name of a minor
- a complete financial account number

Instead, use:

- the last four digits
- the birth year
- the minor's initials
- the last four digits

5. At this stage of the proceeding, you need not submit exhibits, affidavits, grievances, witness statements, or any other materials with this complaint to the Clerk's Office. Any documents you submit *must relate directly to the claims you raise in this lawsuit*. They will become part of the court record and *will not be returned to you*.

I. PLAINTIFF INFORMATION

Lister William H
Name (Last, First, MI)

Aliases/Formal Names

251697
Prisoner ID #

Gieger
Place of Detention

1100 W. Mallon Ave
Institutional Address

Spokane
County, City

WA.
State

99260
Zip Code

Indicate your status:

☒ Pretrial detainee

☐ Civilly committed detainee

☐ Immigration detainee

☐ Convicted and sentenced state prisoner

☐ Convicted and sentenced federal prisoner

II. DEFENDANT INFORMATION

Please list the following information for each defendant. If the correct information is not provided, it could delay or prevent service of the complaint. Make sure that the defendant(s) listed below are identical to those contained in the caption on the first page of the complaint. Attach additional sheets of paper as necessary.

Defendant 1:

Name (Last, First)

Spokane Police DPT

Current Job Title

1100 W. Mallon Ave

Current Work Address

Spokane

County, City

WA

State

99260

Zip Code

Defendant 2:

Name (Last, First)

Spokane SWAT

Current Job Title

1100 W. Mallon Ave

Current Work Address

Spokane

County, City

WA

State

99260

Zip Code

Defendant 3:

Name (Last, First)

Spokane Pact

Current Job Title

1100 W. Mallon Ave

Current Work Address

Spokane

County, City

WA

State

99260

Zip Code

III. STATEMENT OF CLAIM(S)

In this section, you must explain what you believe each defendant did to violate your civil rights, and if you know, identify the federal statutory or constitutional right you believe was violated.

If you believe the defendant(s) violated your civil rights in more than one way, explain each violation under a different count. For example, if you believe you received constitutionally inadequate medical care and your religious rights were substantially burdened, include one claim under "Count I" (i.e., medical) and the other claim under "Count II" (i.e., religion).

Number your paragraphs. For example, in Count I, paragraphs should be numbered 1.1, 1.2, 1.3, etc., and in Count II, paragraphs should be numbered 2.1, 2.2, 2.3, etc. The first two paragraphs of each Count have been numbered for you.

If you have more than three counts, attach additional pages and follow the same format for each count.

If you attach documents to support the facts of your claim(s), you must specify which portion of the document(s) (i.e., page and paragraph) you are relying on to support the specific fact(s) of your claim(s). If you do not specify the portion of the supporting document(s), the Court may disregard your document(s).

COUNT I

Identify the first right you believe was violated and by whom:

1.1 5th Amends, 14th Amends, 8th Amends

State the facts of your first claim below. Include all the facts you consider important. Be specific about dates, times, locations, and the names of the people involved. Describe exactly what each specific defendant did or failed to do that caused you injury or violated your rights, and include any other facts that show why you believe what happened was wrong. If you need additional space, you may attach extra sheets.

1.2 I opened my apartment door at address
12726 E Main Apartment #2 Spokane Valley, WA on
the date of May 8th 2018 at aproximately 9:30am.
and an officer stated "freeze put your hands in the air!"

I responded by Slamming the door shut. I then immediately ran through the house and out the back door. As I ran out the back door, the dog handler put his K9 over the back fence. I ran. The dog bit me on my left gluteomous and he drug me to the ground. When I went to the ground, the officers were coming over the fence. I put my hand back to prevent the dog from biting me. As I stuck my hands back, the officer said, "put your hands in front of me so I can see them." As I did so, they continued to let the dog bite me. Officers continued to allow the dog to bite me until I was subdued in handcuffs. When they subdued me, officers continued to allow the dog to bite me for an unknown amount of time.

(See Attached)

State with specificity the injury, harm, or damages you believe you suffered as a result of the events you described above in Count I. Continue to number your paragraphs.

I remember being forced to walk in a hospital and being rushed around the hospital. I did not feel like I got proper medical attention. The medical staff tended to my wounds. I remember two police officers were standing close guarding and escorting me. The officers were laughing, mocking, and being very baligerant toward me. The same officers guarding and escorting in hospital took me to jail and continued behavior in jail until I went to sleep. I was in jail for 99 days where I experienced traumatic stress.

COUNT II

Identify the second right you believe was violated and by whom:

2.1

NA

State the facts of your second claim below. Include all the facts you consider important. Be specific about dates, times, locations, and the names of the people involved. Describe exactly what each specific defendant did or failed to do that caused you injury or violated your rights, and include any other facts that show why you believe what happened was wrong. If you need additional space, you may attach extra sheets.

2.2

NA

NA

State with specificity the injury, harm, or damages you believe you suffered as a result of the events you described above in Count II. Continue to number your paragraphs.

NA

COUNT III

Identify the third right you believe was violated and by whom:

3.1

NA

State the facts of your third claim below. Include all the facts you consider important. Be specific about dates, times, locations, and the names of the people involved. Describe exactly what each specific defendant did or failed to do that caused you injury or violated your rights, and include any other facts that show why you believe what happened was wrong. If you need additional space, you may attach extra sheets.

3.2

NA

NA

State with specificity the injury, harm, or damages you believe you suffered as a result of the events you described above in Count III. Continue to number your paragraphs.

NA

IV. RELIEF


State exactly what you want the Court to do for you. For example, you may be seeking money damages from an individual defendant, you may want the Court to order a defendant to do something or to stop doing something, or you may want both kinds of relief. Make no legal arguments. Cite no cases or statutes.

I want the Court to grant me \$2.7 million
in reward of monetary value due to
the damages, injury and loss of property
during and after the incident. Individual Capacity

V. SIGNATURE

By signing this complaint, you represent to the Court that you believe the facts alleged to be true to the best of your knowledge, that you believe those facts show a violation of law, and that you are not filing this complaint to harass another person or for any other improper purpose.

Nov, 27, 2019
Dated


Plaintiff's Signature